

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 1/11/05 2 Serial/Patent # 09517983

| | | | | |
|---|---------------------------------------|--------------------------|-----------------|-----------|
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| <input checked="" type="checkbox"/> Filing | | | | \$ |
| <input type="checkbox"/> Amendment | | | | \$ |
| <input type="checkbox"/> Extension of Time | | | | \$ |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | | \$ |
| <input checked="" type="checkbox"/> Petition | | | <u>11/30/04</u> | \$ 200.00 |
| <input type="checkbox"/> Issue | | | | \$ |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | | \$ |
| <input type="checkbox"/> Maintenance | | | | \$ |
| <input type="checkbox"/> Assignment | | | | \$ |
| <input type="checkbox"/> Other | | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | \$ 200 — | |
| 8 TO BE REFUNDED BY: | | | | |
| <input type="checkbox"/> Treasury Check | | | | |
| <input checked="" type="checkbox"/> Overpayment | Credit Deposit A/C #: | | | |
| <input type="checkbox"/> Duplicate Payment | <u>, 50 -- 1349</u> | | | |
| <input checked="" type="checkbox"/> No Fee Due (Explanation): | <u>NO Fee DUE FOR RECONSIDERATION</u> | | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: <u>D. WOOD</u> | | TITLE: <u>S2 ATTY</u> | | |
| SIGNATURE: <u>D. WOOD</u> | | PHONE: <u>272-3237</u> | | |
| OFFICE: <u>OP</u> | | | | |
| ***** THIS SPACE RESERVED FOR FINANCIAL USE ONLY ***** | | | | |
| APPROVED: <u>Alicia Miller</u> | | DATE: <u>1/12/05</u> | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B